PATIENT'S NAME:	TEL.: Home ()	Wo	ork ()
ADDRESS:					
PHYSICIAN'S NAME:			TE	:L.: ()
– PATIENT IDENTIFIERS NOT TRANSMITTED TO CDC –	•••••				STATE INFECTION CONTRO

SEND COMPLETED REPORT TO STATE INFECTION CONTROL



CHOLERA AND OTHER VIBRIO ILLNESS SURVEILLANCE REPORT

State will Centers for Disease Control forward to: and Prevention Foodborne and Diarrheal Diseases Branch M/S A38 1600 Clifton Road

ENTERS FOR DISEASE CONTROL AND PREVENTION	_	I. D	EMOGRA	PHIC A	ND ISC	LATI	E IN	FORI	MATION			GA 30333 Exp. Date 09/30/99
First three letters					REPOR	TING H	HEAL	TH DI	EPARTMENT			
of patients first name:	State:	(4-5)		С	ity: (6-15)					Coun	ty/Parish: (16-26)	
(1-3)				С	CDC USE ONLY					FDA No.: (47-57)		
										16)		
2. Date of birth: 3.	Age:	4. Sex: (68)	5. Race/Ethi	nicity: (69))						6. Occupation: (70-	-81)
Mo. Day Yr. (58-63)	/ears Mos.	M (1) F (2) Unk. (9)		ot Hispar acific Isla		Ame	rican	Hispar Indian/ tive (5)		anic (3)		
7. Vibrio species isolated (ch	neck one or more):			Г	ate spe	cime	n colle	cted			
Species	Source of	specimen(s)	collected fror	n patient						Ī	f wound or other, spe	cify site :
	Stool	Blood	Wound Ot	ther	M	lo	Day	Yr.				
V. alginolyticus		(82) (83)	(84)	(85)					(86-91)			(92-103)
V. cholerae O1		[104] [105]	(106)	(107)					(108-113)			(114-12
V. cholerae O139		(126) (127)	(128)	(129)					(130-135)			(136-14
V. cholerae non-O1, non-O			(150)	(151)					(152-157)			(158-16
V. cincinnatiensis			(130)	(173)					(174-179)			(180-19
V. damsela			(194)	(175)					(174-179)			(202-21:
V. fluvialis			(216)	(217)								(224-23)
V. furnissii		(237)		(239)					(218-223)			
V. hollisae			(260)	(261)					(240-243)			(240-23
V. metschnikovii			(282)	(283)					(284-289)			(290-30)
V. mimicus			(304)	(305)					(306-311)			(312-32)
V. parahaemolyticus		(324)	(326)	(327)					(328-333)			(334-34)
V. vulnificus		(346)	(348)	(349)					(350-355)			(356-36
Vibrio species - not identified				(371)								
Other (specify):	(390-405)	(406) (407)	(408)	(409)					(410-415)			(416-42
8. Were other organisms isolated from the same specimen that yielded Vibrio? Specify organism(s): (429-450) 9. Was the identification of the species of Vibrio (e.g., vulnificus, fluvialis) confirmed at the State Public Health Laboratory?												
10. Complete the following information if the isolate is <i>Vibrio cholerae</i> 01 or 0139:												
Serotype (452) (check one) Biotype (453) (check one) Toxigenic? (454) (check one) If YES, toxin positive by: (check all, that apply)												
Ogawa (2) Unk. (9)	(4)	Classica		nk. (9)	l I	Yes (1) N (O (2)	OTIK. (7)		utination (456)	
Hikojima (3)	 		(-)	(//	 		L		_ =		cify):	
	!				;							(457-471)

II. CLINICAL INFORMATION Vibrio species: ____ Age: ____ Sex: Date and time of onset 2. Symptoms F (1) of first symptoms: and signs: max. C (2) ... Headache Fever temp. (486) (487) (488) Nausea Day Cellulitis Vomiting (472-7) (515) Site: Bullae (516-530) (max. no. stools/24 hours: _ Hour Min Shock(systolic BP < 90) am (1) Other (532) (specify): Visible blood in stools __ pm (2) (533-549) (478-9)(480-1)(482) Abdominal cramps 3. Total 4. Admitted to a hospital for this illness? (553) 5. Any sequelae? (e.g., amputation, skin graft) (566) 6. Did patient die? (636) duration If YES, describe: of illness: If YES, date of death: Admission Yes (1) Yes (1) Yes (1) (554date: 559) Dav No (2) No (2) No (2) Discharge (560-(days) Unk.(9) Unk.(9) Unk.(9) date: (637-642) Date began antibiotic: Date ended antibiotic: 7. Did patient take an If YES, name(s) of antibiotic(s): antibiotic as treatment Day Day for this illness? (643) 1. (647-652) (653-658) Unk. No (659-661) (668-673) (662-667) (674-676) (677-682) (883_688) 8. Pre-existing conditions? 9. Was the patient receiving any of the following treatments or taking any of No Unk. the following medications in the 30 days before this Vibrio illness began? Alcoholism (689) Unk. If YES, specify treatment and dates: Diabetes (690) on insulin? Peptic ulcer Antibiotics Gastric surgery (831) (694-709) Chemotherapy Heart disease (710) Heart failure? Radiotherapy (851) (852-870) Hematologic disease (712) type: Systemic steroids .. (872-890) (729) type: Immunosuppressants Immunodeficiency . (746) type: (892-910) Liver disease Antacids (763) type: (764-779) (912-930) Malignancy H₂-Blocker or other (780) type: (781-796) ulcer medication Renal disease (797) specify: (798-810) (e.g., Tagamet, Zantac, Omeprazole) III. EPIDEMIOLOGIC INFORMATION 1. Did this case occur as part of an outbreak? (Two or more cases of Vibrio infection) (951) If YES, describe: (952-970) 2. Did the patient travel outside his/her home Patient home state: state in the 7 days before illness began? Date Entered Date Left City/State/Country (974-1004) (1005-1010) (1011-1016) If YES, list (1017-1047) (1048-1053) (1054-1059) destination(s) and dates: (1060-1090) (1097-1102) 3. Please specify which of the following seafoods were eaten by the patient in the 7 days before illness began: (If multiple times, most recent meal) Type of seafood Any eaten raw? Type of Any eaten raw? Day Yr. No (2) Unk. seafood Unk Yes (1) No (2) Unk. (9) Shrimp (1144-1149) Crawfish Crab ... shellfish Lobster (specify): Mussels Fish (1193-1198) Oysters .. (1136-1141) (1135) (specify):

Name of Hospital:

Address:

State: Age: Sex: III. EPIDEMIOLOGIC INFORMATION (C	ONT.) Vibrio species:					
4. In the 7 days before illness began, was patient's skin exposed to any of the following? A body of water (fresh, salt, or brackish water)						
Drippings from raw or live seafood	(1229-1250)					
Date of exposure: Mo. Day Yr.	ove, briefly describe exposure: (e.g., swimming, fishing, etc.)					
If skin was exposed to water indicate type: (1999)						
Salt (1) Other (8)	al comments:					
Fresh (2) (specify):						
Brackish (3) Unk. (9) ————	(1285-1290)					
If skin was exposed, did the patient sustain a wound during this exposure, or have a pre-existing wound? (choose one): (1291) YES, sustained a wound. (1) YES, had a pre-existing wound. (2) YES, uncertain if wound new or old. (3) NO. (4) Unk. (9) If YES, describe how wound occurred and site on body: (Note: Skin bullae that appear as part of the acute illness should be recorded in section II, Clinical Information, only).						
-	(1292-1320)					
If isolate is Vibrio cholerae O1or O139 please answ	ver questions 5 - 8.					
5. If patient was infected with <i>V. cholerae</i> O1 or O139, to which of the following risks was the patient exposed in the 4 days before illness began: Yes No Unk. (1) (1321) Other person(s) with cholera or cholera-like illness. Cooked seafood (1322) Street-vended food (1322) Foreign travel (1323) Other (specify): 6. If answered "yes" to foreign travel (question III. 5), had the patient been educated in cholera prevention measures before travel?	(1327-1350) Yes No Unk. (1) (2) (9)					
If YES, check all source(s) of information received:						
Pre-travel clinic (1352) Friends (1355) Travel agency (1358						
Airport (departure gate) (1353) Private physician (1356) CDC travelers' hot	, ,					
Newspaper (1354) Health department (1357) Other (specify): (13	(1361-1400)					
7. If answered "yes" to foreign travel (question III. 5), what was the patient's reason for travel? (check all that apply)	8. Has patient ever received a Yes (1) No (2) Unk. (9) cholera vaccine? (1428)					
To visit relatives/friends (1401) Other (specify): (1405)	(If YES, specify type most recently received):					
Business (1402) (1406-1426)	Oral (1429) Parenteral (1430)					
Unk. (1427)	Mo. Day Yr. Most recent					
Military (1404)	date: (1431-1436)					
If domestically acquired illness due to any Vibrio species is sus	pected to be related to seafood					
consumption, please complete section IV (Seafoo	od investigation).					
ADDITIONAL INFORMATION or COMMEN	ітѕ					
	CDC Use Only Comment: (1444-1454) Source: (1443)					
	Syndrome: (1455)					
Person completing Mo. section I - III: Date:	Day Yr. CDC Isolate No.					
Title/Agency:Tel.: ()	(1456-1463)					

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to PHS Reports Clearance Officer; ATTN: PRA; Hubert H. Humphrey Bldg., Rm. 721-B; 200 Independence Ave., SW; Washington, DC 20201, and to the Office of Management and Budget; Paperwork Reduction Project (0920-0322); Washington, DC 20503.

State.	1	Λno.	1	i	1	Sev-i	

IV. SEAFOOD INVESTIGATION SECTION

For each seafood ingestion investigated, please complete as many of the following questions as possible. (Include additional pages section IV if more than one seafood type was ingested and investigated.)

consumed: consumed:	ne Hour Min. Amount consumed:						
(1464-1480) (1481-1486) If patient ate multiple seafoods in the 7 days before onset of illness, please note why this seafoo	(1487-8) (1489-90) (1491) (1492-1512) d was investigated (e.g.,consumed raw, implicated in outbreak investigation):						
2. How was this fish or seafood prepared? (1513) Raw (1) Baked (2) Boiled (3) Broiled (4) Fried (5) Steamed (6) U	nk. (9) Other (8) (specify):						
3. Was seafood imported from another country? Yes (1) No (2) Unk. (9) If YES, specify exporting country if known: (1532-1554)							
4. Was this fish or shellfish harvested by the patient or a friend of the patient? Yes (1) No (2) Unk. (9) (If YES, go to question 12.)							
5. Where was this seafood obtained? (1556) (Check one) Oyster bar or restaurant (1) Truck or roadside vendor (2) Food store (3) Other (8) (specify): (1557-1590) 7. If oysters, clams, or mussels were eaten, how were they distributed to the retail outlet? (1)							
Shellstock (sold in the shell) (1) Shucked (2) Unk. (9) Other (8) (specify): 8. Date restaurant or food outlet received seafood: 9.	Was this restaurant or food outlet inspected as part of this investigation? Yes (1) No (2) Unk. (9) (1617)						
10. Are shipping tags available from the suspect lot? (1618) (Attach copies if available) 11. Shippers who handled suspected seafood: (please include certification numbers if on tags) (Attach copies if available) 12. Source(s) of seafood:							
	Approved (1)						
14. Physical characteristics of harvest area as close as possible to harvest date: Maximum ambient temp. (1715-1718)	Date Measured Mo. Day Yr. (1720-1725) (1729-1734) (1737-1742) (1745-1750) (1756-1761) (Attach copy of coliform data)						
15. Was there evidence of improper storage, cross-contamination, or holding temperature at any point? Yes (1) No (2) Unk. (9) (1762) If YES, specify deficiencies:							
Person completing section IV:	Date: Mo. Day Yr. (1763-1768)						
Title/Agency:	Tel.: ()						